SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
ISADORE GENNINGS	
03394-061	
FEDERAL CORR. INST.	3. Service Type
' P.O. BOX 1000 ' LORETTO, PA 15940	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
1:01-CR-009(3) SAS DOC. 220	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 251 (Transfer from service label)	0 0008 6349 7188
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540